Goddard Space Flight Center

Request for Non-Ionizing Radiation Safety Committee Action Laser Radiation Source Personnel Approval

| NASA |
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| Custodian: | | User: | | QA/QC: | | | | | Docket Number (RPO Use Only): | | | | | |
|---|---|-------------------------|------------------------|--------------|-------------------|------|------------------------|--------|-------------------------------|----------------------|-------|-----|--|--|
| 1. Applicant's Name (Last, First, I | | .l.): Email: | | | Code/Contractor (| | | Org.: | Building & Room #: Phone: | | | ne: | | |
| 2. Training (See Continuation Sheet if Needed): | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Fundamentals of Lasers | | | | | | | | | Yes No | | Yes | No | | |
| Applications of Lasers | | | | | | | | Yes No | | | Yes | No | | |
| Laser Safety | | | | | | | | | Yes No | | Yes | No | | |
| Other (List) | | | | | | | Yes No | | | | Yes | No | | |
| 3. Experience (Use Supplemental Pages if Needed): | | | | | | | | | | | | | | |
| Laser Type(s) Class | | (I, II, III, IV) | Loca | ation of Use | | | Duration of Experience | | | Application of Laser | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 4. Request for Use of (Use Supplemental Pages if Needed): | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | 5. Direct Supervision During All Operations? (Check One) Yes No If Yes, Supervisor's Name: | | | | | | | | | | | | | |
| | 6a. I certify that I have read and understand GSFC Regulations, GPR 1860.2, and locally established procedures and methods of control | | | | | | | | | | | | | |
| Applicant's Prin | ted Name: | | Applicant's Signature: | | | | | | | | Date: | | | |
| 6b. List the Laser Custodian(s) name in the space below for whose laser devices you are seeking approval to use | | | | | | | | | | | | | | |
| Custodian's Printed Names: | | | | | | | | | | | | | | |
| 7. I have reviewed the above and recommend approval | | | | | | | | | | | | | | |
| Applicant's Man | Applicant's Manager/Supervisor Signatu | | | | | ire: | | | Date: | | | | | |
| Title: | | | | Code: | | | | Phone: | | | Date: | | | |
| COMMITTEE USE ONLY | | | | | | | | | | | | | | |
| Approved Di | sapproved Las | ser Safety Officer: | | | | | | | | | Date: | | | |
| Approved Di | sapproved Ra | diation Safety Officer: | | | | | | | | | Date: | | | |
| Date of Pre-Placement Eye Exam; Verification Form on File: | | | | | | | | | | | | | | |
| Remarks: | | | | | | | | | | | | | | |

This Approval Expires On Date:

Instructions for filling out GSFC Form 23-35LU, Request for Non-Ionizing Radiation Safety Committee Action Laser Radiation Source Personnel Approval

For additional guidance refer to GPR 1860.2 (series) Laser Radiation Protection

ALL ITEMS MUST BE ELECTRONICALLY TYPED ONTO THE FORM, DO NOT GET SIGNATURES ON THE FORM UNTIL THE UPDATED FORM IS RETURNED TO YOU BY THE RADIATION PROTECTION OFFICE (RPO)

(Use electronically completed attached pages if required and reference applicable section numbers)

To enter data into the gray shaded blocks or to select a checked box – double click and enter the data.

- 1. Enter your name, Code and phone number. On-Site contractors must enter their organizational acronym. Enter a valid GSFC email address; if you do not have one, than enter your current email address. Enter in your Building and Room Numbers. If you are not located on either the Greenbelt or Wallops campuses, then you must include a valid mailing address in the space provided. Mark an X in the space for USER, CUSTODIAN or both for whatever is applicable or only mark an X in the QA/QC block if it applies.
- 2. List the locations and durations of training. Provide a description of the safety training.
- 3. List your most relevant experience. Please be specific in the application and use.
- 4. List the lasers that will be used.
- 5. If you do not have prior experience you must receive that experience under direct supervision. Check the "yes" block and enter the name of who will supervise you during that period of time.
- 6a. Applicant must signify that relevant safety documents have been read and understood.
- 6b. List the name of each Laser Custodian whose laser devices you are seeking approval to use.
- 7. Approval must be given by the manager/supervisor of the applicant. The responsibility of management is explained in GPR 1860.2 (series).

RETURN THE ELECTRONICALLY COMPLETED FORM VIA EMAIL TO CODE 350.2

If you have any questions concerning this form or need to know who to send the form electronically to, please contact the Radiation Protection Office (RPO) at 301-286-7367, or 301-286-0766.